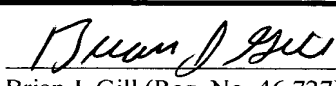


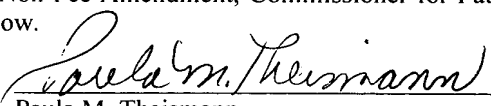


2817

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/641,206
	Filing Date	August 18, 2000
	First Named Inventor	T. Hirabayashi
	Group Art Unit	2817
	Examiner Name	S. E. Jones
	Attorney Docket No.	9792909-0398
Total Number of Pages in This Submission		8

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith is Amendment "D"						
<input checked="" type="checkbox"/> The fee has been calculated as shown below:						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	3	-	20	0	<input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00	\$0
INDEPENDENT CLAIMS	1		3	0	<input type="checkbox"/> x \$42.00 <input checked="" type="checkbox"/> x \$84.00	\$0
	APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00	
<input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by _____ month(s) for a fee of \$ _____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321.						
<input type="checkbox"/> The amount of \$ _____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check.						
<input type="checkbox"/> The amount of \$ _____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check.						
<input type="checkbox"/> The enclosed credit card payment form to charge the amount of \$ _____ covers the extension fee and other applicable fees.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the additional claim fee, extension fee and any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
14. <input checked="" type="checkbox"/> Customer No. 26263	
Dated: May 13, 2003	Brian J. Gill (Reg. No. 46,727)

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.	
Dated: May 13, 2003	 Paula M. Theismann